

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/570130

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	3		1			
5	3		1			
6	3		1			
7	(1)		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	(1)		1			
13	3		1			
14	(1)		1			
15	(1)		1			
16	(1)		1			
17	(1)		1			
18	(1)		1			
19	(1)		1			
20	(1)		1			
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TOTAL IND.	2		2			
TOTAL DEP.	25	←	18	←		←
TOTAL CLAIMS	27		20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						